Less worrying with cognitive behavioral therapy

by Jorn Hövels

For three years, Henk Jan Conradi, a researcher in the Clinical Psychology Program Group, kept track of four groups of patients with depression. This was part of the so-called effectiveness trial, in which patients were asked about their symptoms on a weekly basis. The control group received regular care from a primary care physician; the second group also received psychoeducation; the third group received psychiatric consultation; and the fourth group was treated with cognitive behavioral therapy. From the main comparison made in this study–published in 2007 in *Psychological Medicine, it turned out that psychiatric consultation and cognitive behavioral therapy were little more effective than the primary care physician. Education had no effect whatsoever.**

What other comparisons were made?

'A subgroup comparison of the treatment options. Patients who had had a depression at least four times clearly benefited more from cognitive behavioral therapy. For patients with three or less depressions, primary care was just as effective. We wondered for which individual symptoms cognitive behavioral therapy made a difference as compared to primary care. It turned out that patients with four or more depressions during the study continued experiencing cognitive problems for half of the follow-up period, on average, if they had been treated by their primary care physician. Following cognitive behavioral therapy those problems didn't continue for nearly as long, on average.'

What can we conclude from that?

'Because this is a subgroup comparison, I can't make any firm statements about that. However, this study** does offer a possible explanation: it's very well possible that individual symptoms of patients with multiple depressions primarily involve cognitive problems.'

But that hasn't been confirmed?

'Something is going on with that group for sure, because three earlier studies showed roughly the same outcome. In the literature it has been posed that recurring depressions are not necessarily triggered by negative life events, such as getting laid off or losing a loved one, but that they are more likely the consequence of a fixed way of thinking and interpreting: brooding and worrying, which makes you fall back into depression again and again. That would in turn explain why cognitive behavioral therapy is especially effective in people with multiple depressions. It addresses worrying better than a primary care visit.'

What's the relevance of this?

'Patients with one-time depression benefit equally from a primary care visit. The mental health care system cannot serve everyone. That's why it makes sense to better differentiate between different patients.'

What else did this three-year study yield?

'We became interested in the course of patients' individual depression symptoms. Using the same data set, we studied how those symptoms developed over time. This follow-up study will be published very soon in *Psychological Medicine****. A notable outcome is that concentration problems are the most prevalent depression symptom. Next come sleep problems and lack of energy, feelings of guilt and worthlessness and, lastly, psychomotor issues and thoughts about death.'

Concentration problems are usually work related, aren't they?

'They apparently also play an important role in depression. That's why people with depression often benefit from mindfulness, a meditative therapy that teaches people to live in the present, as a supplement to cognitive behavioral therapy. That's especially true for brooding patients who suffer from multiple depressions. Mindfulness teaches people that they can make a decision to stop worrying.'

That seems tricky to me.

'There are techniques to do that. I recently attended a workshop that revolved around a suicidal patient. To suppress her suicidal thoughts, she learned to visualize standing at a bus stop and seeing a bus full of suicidal thoughts arrive. The choice was up to her: do I get in or not? She learned to let that bus pass and wave it goodbye. It may sound overly simple, but when worrying has become your second nature, cognitive behavioral therapy can help you address your negative thinking by focusing on the content of your thoughts. But you can also change your attitude toward worrying. Of course one solution does not preclude the other.'

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*Conradi, H.J., De Jonge, P., Kluiter, H., Smit, A., Van der Meer, K., Jenner, J.A., Van Os, T.W.D.P., Emmelkamp, P.M.G. & Ormel, J. (2007). Enhanced treatment for depression in primary care: Long-term outcomes of a psychoeducational program alone and enriched with psychiatric consultation or cognitive behavioral therapy. *Psychological Medicine, 37, 849-862.*

**Conradi, H.J., De Jonge, P. & Ormel, J. (2008). Cognitive-behavioural therapy v. usual care in recurrent depression. *British Journal of Psychiatry, 193, 505-506.*

***Conradi, H.J., De Jonge, P. & Ormel, J. (2011). Presence of individual (residual) symptoms during depressive episodes and periods of remission: A three-year prospective study. *Psychological Medicine, 41, 1165-1175.*